

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-003

2. STATE
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
03/01/02 *3 R*

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1902(l)(2)(A) and 1905(p)(2)(A) SSA

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Supplement 1, Page 1.....
Attachment 2.6-A, Supplement 1, Page 2a
Attachment 2.6-A, Supplement 1, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Same
Same
Same

10. SUBJECT OF AMENDMENT:

Annual update to poverty guidelines

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *Robert Blum* ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Mark B. Moody

14. TITLE:
Administrator, Division of Health Care Financing

15. DATE SUBMITTED:
03/28/03

16. RETURN TO:
Mark B. Moody
Associate Administrator
Division of Health Care Financing
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
3-31-03

18. DATE APPROVED: *5/1/03*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21. TYPED NAME:
Cheryl A. Harris
Cheryl A. Harris

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Income Limits do not apply to institution cases. See Supplement 6 to Attachment 2.6-A for institution income level (special income level under 42 CFR 435.231 and 435.1005).

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	*Need Standard	*Payment Standard	Maximum payment amounts
1	\$311/\$301	\$248.80/\$240.80	Maximum payment amounts are the same as the payment standard rounded down to the nearest whole dollar
2	\$550/\$533	\$440.00/\$426.40	
3	\$647/\$626	\$517.60/\$500.80	
4	\$772/\$749	\$617.60/\$599.20	
5	\$886/\$861	\$708.80/\$688.80	
6	\$958/\$929	\$766.40/\$743.20	
7	\$1,037/\$1,007	\$829.60/\$805.60	
8	\$1,099/\$1,068	\$879.20/\$854.40	
9	\$1,151/\$1,117	\$920.80/\$893.60	
10	\$1,179/\$1,143	\$943.20/\$914.40	
11	\$1,204/\$1,168	\$963.20/\$934.40	
12	\$1,229/\$1,193	\$983.20/\$954.40	

Add \$25 per person to the need standard and \$20 per person to the payment standard for groups larger than 12. The payment standard is increased by \$56.80 if a pregnant woman who is in at least her eighth month is included in the AFDC group.

* Area I/Area II; need standard is increased by \$71 if a pregnant woman who is in at least her eighth month is included in the AFDC group.

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Effective May 1, 2002, based on the following percent of the official Federal income poverty level:

☒ 133 percent ☐ 185 percent (no more than 185 percent)
(specify)

Family Size	Income Level
1	\$995.28
2	\$1,343.30
3	\$1,691.32
4	\$2,039.33
5	\$2,387.35
6	\$2,735.37
7	\$3,083.38
8	\$3,431.40
9	\$3,779.42
10	\$4,127.43

For each additional person add \$348.02.

TN # 03-003
Supersedes
TN # 02-003

Approval date

MAY 01 2003

Effective date 03/01/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(l)(1) of the Act (P.L. 101-508) are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level
1	\$748.33
2	\$1,010.00
3	\$1,271.67
4	\$1,533.33
5	\$1,795.00
6	\$2,056.67
7	\$2,318.33
8	\$2,580.00
9	\$2,841.67
10	\$3,103.33

For each additional person +\$261.67.

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MAY 06 2003

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

INCOMES ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICAID BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent to the official Federal poverty income level:

Eff. August 9, 1989: ☐ 85 percent ☒ 100 percent (no more than 100)

Eff. April 1, 1990: ☐ 85 percent ☒ 100 percent (no more than 100)

Eff. January 1, 1991: 100 percent

Eff. January 2, 1992: 100 percent

b. Levels

Family size	Income levels
1	\$748.33
2	1,010.00

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